

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 186.1004.01		
Application Number <b>09/632,897</b>	Filed <b>8/7/2000</b>			
<b>For Method and System for Managing and Delivering Web Content to Internet Appliances</b>				
Art Unit <b>2157</b>	Examiner <b>Burgess, B.</b>			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 120.00	\$ 60.00	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ 450.00	\$ 225.00	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ 1,020.00	\$ 525.00	\$ <u>525.00</u>
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ 1,590.00	\$ 795.00	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ 2,160.00	\$ 1,080.00	\$ _____
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/>	A check in the amount of the fee is enclosed.			
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached (2 copies).			
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0365</u> . I have enclosed a duplicate copy of this sheet.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>				
I am the	<input type="checkbox"/>	applicant/inventor.		
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>33,040</u>		
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____.		
<u>/Steven A. Swernofsky/</u>		<u>May 22, 2008</u>		
Signature		Date		
<u>Steven A. Swernofsky</u>		<u>650-947-0700</u>		
Typed or printed name		Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/> Total of _____ forms are submitted.				

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*